

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 5, 2004.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97110 rendered on 9/3/03 and 9/5/03.

II. RATIONALE

Review of the requestor's position statement noted on the "Table of Disputed Services" states, "No respond over 45-days. Sent USPS 10/14/03 delivered 8:10am 10/17/03. I called 12/9/03 S/W ____ said adj in meeting no ret call."

The respondent did not submit a position statement.

The requestor and respondent failed to submit copies of EOBs. Therefore CPT code 97110 will be reviewed according to the Medical Fee Guideline. The requestor did not submit copies of relevant information to support delivery of service. Therefore, reimbursement is not recommended for the disputed charges.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 97110.

The above Findings, Decision and Order are hereby issued this 19th day of March 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

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